

United States District Court
 for the
 Southern District of Indiana

K.C., <i>et al.</i>)	
)	
)	
<i>Plaintiffs,</i>)	
)	
vs.)	Cause No: 1:23-cv-595 JPH-KMB
)	
THE INDIVIDUAL MEMBERS OF THE)	
INDIANA MEDICAL LICENSING BOARD,)	
<i>et al.</i>)	
<i>Defendants.</i>)	

SUMMONS IN A CIVIL ACTION

TO:

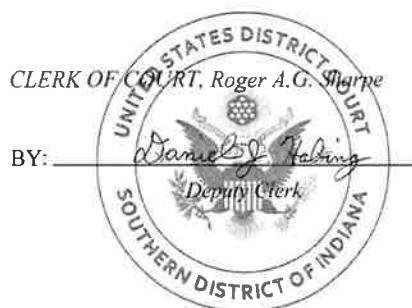
The Individual Members of the Indiana Medical Licensing Board
 402 W. Washington St.
 #W072
 Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/ Gavin M. Rose/Stevie J. Pactor
 ACLU of Indiana
 1031 E. Washington St.
 Indianapolis, IN 46202

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 04/06/2023



Civil Summons (Page 2)

Civil Action Number: 1:23-cv-595

PROOF OF SERVICE

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

THE INDIVIDUAL MEMBERS OF THE
INDIANA MEDICAL LICENSING BOARDThis summons for (name of individual and title, if any) INDIANA MEDICAL LICENSING BOARD
was received by me on (date) 4/6/23.

I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

I returned the summons unexecuted because _____; or

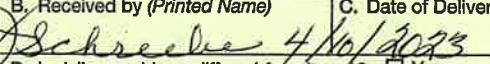
Other (specify): CMR&R

My fees are \$ Ø for travel and \$ Ø for services, for a total of \$ Ø.

I declare under penalty of perjury that this information is true.

4/6/2023Ann D'AngeloANN D'ANGELO
LITIGATION SUPPORT MGRACLU of Indiana
1031 East Washington St.
Indianapolis, IN 46202

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	
1. Article Addressed to: The Individual Members of the Indiana Medical Licensing Board 402 W. Washington St. #W072 Indianapolis, IN 46204	
 9590 9402 7395 2055 6223 38	
2. Article Number (Transfer from service label) <u>7022 0410 0000 6253 4813</u>	

COMPLETE THIS SECTION ON DELIVERY	
A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
B. Received by (Printed Name)	C. Date of Delivery
 <u>4/6/2023</u>	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery 	